ALASKA WORKERS' COMPENSATION APPEALS COMMISSION

Petitioner, (*party filing petition for review*) vs.	
Respondent(s). (*all other parties to petition*)	AWCAC Appeal No. _____ AWCB Decision No. _____ AWCB Case No. _____

SELF-REPRESENTED PETITIONER'S PETITION FOR REVIEW

I, _____, petition the Alaska Workers' Compensation Appeals Commission (Commission) to review Alaska Workers' Compensation Board (Board) Interlocutory Decision No. _____, issued on _____. I have attached a copy of the decision or order that I want the Commission to review. I am not represented by an attorney and I am filing this petition myself.

My name is: _____

My mailing address is: _____

_____

My telephone number is: _____

My fax number is: _____

My email address is: _____

☐ The Board's order is against the Petitioner which is a ☐ corporation, ☐ partnership, or ☐ other unincorporated association, and I represented it before the Board. I am not an attorney and I know I must find an attorney to proceed before the Commission. 8 AAC 57.065(a)(1) and (2).

The names, mailing addresses, telephone numbers, facsimile numbers, and email addresses of the other parties, and any attorney representing a party, are:

Respondent	Respondent's Attorney
Name: Address: City, State, Zip Telephone: Fax: Email:	Attorney name: Firm name: Address: City, State, Zip Telephone: Fax: Email:
Name: Address: City, State, Zip Telephone: Fax: Email:	Attorney name: Firm name: Address: City, State, Zip Telephone: Fax: Email:
Name: Address: City, State, Zip Telephone: Fax: Email:	Attorney name: Firm name: Address: City, State, Zip Telephone: Fax: Email:

STATEMENT OF FACTS

These are the facts that the Commission needs to know to understand the question determined by the Board when it issued its decision or order.

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_____ (Attach more pages if needed.)

I have attached copies of documents that the Board had in its file when it issued the decision that I would like the Commission to review. The documents support these facts and are in order by date. I have provided a list of all the documents attached, using AWCAC Form 32, List of Attachments, and placed the list in front of my attachments.

STATEMENT OF THE ISSUES (REASONS) REVIEW IS SOUGHT

These are the questions that the Commission needs to decide in its review.

____. (Attach more pages if needed.)

Reasons Why Review Should Not be Postponed Until Appeal May be Taken from a Final Decision or Order of the Board

I know that if I do not appeal an interlocutory decision or order of the Board, I can reserve my right to appeal until the Board's final decision is issued. Then, if the Board's decision is against me, I can appeal that decision and the interlocutory decision or order of the Board at the same time. Or, if the Board's final decision is in my favor, then, if the other side appeals, I can file a cross-appeal that challenges the interlocutory decision or order of the Board. But I do not want to wait. I have good reasons why the Commission should allow me to file an appeal now.

These are my reasons why the Commission should not wait to decide the issues listed under my **Statement of the Issues (Reasons) Review is Sought** until the Board issues a final decision in my workers' compensation case:

____. (Attach more pages if needed.)

REASONS WHY THE BOARD'S DECISION OR ORDER IS ALLEGED TO BE ERRONEOUS

I know that the Commission cannot grant a petition for review just because I disagree with the Board's decision. In my case the Board made errors of law or made findings of fact without substantial evidence to support the findings. The Board errors led to a decision or order that I think is wrong. Here is where I describe the Board's errors and explain how those errors led to this wrong decision or order.

. (Attach more pages if needed.)

STATEMENT OF THE PRECISE RELIEF SOUGHT

I ask the Commission to do the following to the Board's order (I have identified the order paragraph numbers that I believe are wrong):_____

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_____. (Attach more pages if needed.)

_____
Signature Date

_____
Mailing Address

_____
City, State, Zip

_____ _____
Telephone Number Fax Number and/or Email

CERTIFICATE OF SERVICE		
I certify that on _____ (date) this Petition for Review was ☐ mailed, ☐ faxed, ☐ emailed, or ☐ hand delivered to the Alaska Workers' Compensation Appeals Commission, **and** on the same date a complete copy of this document was ☐ mailed, ☐ faxed, ☐ emailed, or ☐ hand delivered to the parties checked at the addresses listed below. (Attach more pages if needed.)		
☒ **Required:** Alaska Workers' Compensation Board (office that issued decision) ☐ 3301 Eagle Street, Suite 304, Anchorage, AK 99503 ☐ 675 7th Ave, Station K, Fairbanks, AK 99701 ☐ P.O. Box 115512, Juneau, AK 99811	☐ **If opposing party is a State agency:** Attorney General's Office P.O. Box 110300 Juneau, AK 99811-0300	☐ Opposing party **or** party's attorney:
_____ *Print name of person who served document*		_____ *Signature of person who served document*